

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/820,127
		Filing Date	April 8, 2004
		First Named Inventor	Michael D. Laufer
		Art Unit	3739
		Examiner Name	Woo, Julian W.
Total Number of Pages in This Submission	2	Attorney Docket Number	064391-5001 US03

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (See Remarks) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Change of Address <input type="checkbox"/> Revocation and Power of Attorney (with Schedule A) <input type="checkbox"/> Statement Under 37 CFR § 3.73(b) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): • Return postcard •
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 50-0310.

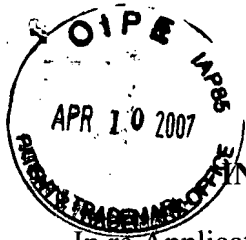
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Signature	
Date	April 5, 2007

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Judi Stillwell		
Signature		Date	April 5, 2007



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Michael D. Laufer et al.

Application No.: 10/820,127

Examiner: Woo, Julian W.

Art Unit: 3739

Filing Date: April 8, 2004

Confirmation No. 8654

For: METHOD AND DEVICES FOR TISSUE
RECONFIGURATION

Attorney Docket No.:
064391-5001 US03

STATUS INQUIRY

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants request the status of the above-identified U.S. Patent Application. No actions have been issued since the mailing of the Notice of Acceptance of Power of Attorney on or about December 16, 2005.

If the Examiner believes a telephone conference would expedite prosecution of this application, please telephone the undersigned at 415-442-1603.

Respectfully submitted,

Date: April 5, 2007

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